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ABSTRACT

A survey was conducted of completers of the rehabilitation aide programs at Hawkeye Institute of Technology and Indian Hills Community College (Iowa). Of 95 mailed surveys, 35 were completed and returned. Respondents reported working in residential facilities, hospitals, and long-term care facilities. They indicated which competencies they performed and the frequency of performance. The survey also asked respondents to list additional tasks they performed and any special equipment they used in performing their activities. A list of competencies to be considered for the rehabilitation aide program was developed. Competencies were categorized into three areas: rehabilitation concepts and personnel, conditions requiring rehabilitation, and rehabilitative techniques. A content outline was developed for a seven-unit rehabilitation aide program. These units were recommended: rehabilitation process, body systems and dysfunction, and rehabilitative techniques (with units on range of motion techniques, mobility techniques, activity of daily living, assessment, and therapeutic exercises and equipment). Competencies were categorized by these unit topics, and levels of achievement were suggested. (YLB)

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REHABILITATION AIDE COMPETENCY LIST and UNIT OUTLINE

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PROGRAM IN HEALTH OCCUPATIONS

**UNIVERSITY OF IOWA
DEPARTMENT OF EDUCATION**

JUNE 1990

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REHABILITATION AIDE SURVEY RESULTS

PERSONS WHO ANSWERED SURVEY

Ninety-five surveys were mailed. Forty-nine (52%) to completers of the Hawkeye Institute of Technology Program and 46 (48%) to Indian Hills Community College completers. Nineteen (20%) were returned because of wrong addresses. Thirty-five (45%) of the remaining 77 questionnaires were completed and returned. All respondents had completed a Rehabilitation Aide program. Fourteen (40%) of the respondents had taken the course at Hawkeye Institute of Technology, 20 (57%) took the course at Indian Hills Community College and 1 (3%) took the course from Covenant Hospital. The respondents had been working from 3 months to ten years. See Table 1 below.

TABLE 1
EXPERIENCE OF RESPONDENTS

<u>Years as Rehabilitation Aide</u>	<u>Number (%) Respondents</u>
3 - 6 Months.....	5 (14%)
1 - 2 Years.....	8 (23%)
2 - 3 Years.....	11 (31%)
3 - 4 Years.....	3 (9%)
4 - 5 Years.....	2 (6%)
6 - 7 Years.....	5 (14%)
10 Years	1 (3%)

The respondents reported working in residential facilities, hospitals and long term care facilities. Table 2 summarizes the work arenas.

TABLE 2
TYPES OF HEALTH CARE FACILITIES IN WHICH RESPONDENTS WERE WORKING

<u>TYPE OF HEALTH CARE FACILITY</u>	<u>NUMBER (%) RESPONDENTS EMPLOYED</u>
Hospital with Swing Beds.....	7 (20%)
Hospital in Physical Therapy.....	1 (3%)
Hospital (Ortho and *Rehab.).....	1 (3%)
Hospital (Home Care).....	1 (3%)
V.A. Medical Center.....	1 (3%)
Residential Facility.....	3 (9%)
Long Term Care Facility.....	21 (60%)

Survey Results Continued.

COMPETENCY	PERCENTAGE OF RES- PONDENTS WHO PER- FORM COMPETENCY	FREQUENCY OF PERFORMANCE
Position residents	100%	91% Frequently 9% Often
Encourage independent care	100%	83% Frequently 14% Often
Assist the Professional in training the resident in self care	91%	54% Frequently 29% Often
Order/select ADL supplies and equipment	51%	14% Frequently 29% Often
Use exercise techniques	74%	34% Frequently 34% Often
Monitor cardiopulmonary responses to exercise routines	34%	14% Frequently 17% Often
Use Reality Orientation Techniques	89%	57% Frequently 29% Often
**Validation Therapy as alternate		
Use pain management techniques	66%	51% Frequently 14% Often
Use principles of care to maintain a healthy back	100%	89% Frequently 6% Often
Consult with Occupational Therapist	60%	23% Frequently 26% Often
Consult with the Physical Therapist	91%	69% Frequently 20% Often

Following is a list of 26 additional tasks the respondents stated they performed and the number of Respondents who identified the task.

<u>Additional Tasks</u>	<u>Number of Respondents listing</u>
Apply Hydroculator Packs (Hot Packs	6 (17%)
Ultra Sound Treatments (Under Direction of P.T.)	4 (11%)
Whirlpool Baths	3 (9%)
Massage	3 (9%)
Parafin bath with supervision of Charge Nurse	2 (6%)
Hot/Cold Pain Treatment - Finger Dex	2 (6%)
Electric Stimulators (Under Direction of P.T.)	1
Sign Language	1
Buy clothes for residents	1
Wash and dry clothes	1
Food Percent at meal times	1
Stand Up Exercises	1
Group Walking	1
Work with getting resident involved in the Therapy	1
Ice	1
Intereferentials Machine	1
ADL Training of all kinds	1
Rehab. Cooking	1
Hydrotherapy	1
Gait Training	1
Bowel-Bladder training program	1
Group Exercises	1
Take residents to the Dr.	1
Help develop Rehab. Programs	1

Respondents made the following additional comments regarding the course/job.

More attention needs to be given to head injury and stroke patients regarding mental counselling-sometimes care givers forget they can hear feel and can become very depressed

More attention to family counselling

Notify Rehab. Aides of new legislation when passed regarding P.T. or O.T.

Train all aides in the use of gait belts and proper transfer and positioning add an in-service on these activities twice a year.

We are just starting the Rehab. program at our facility so we don't have a lot of equipment or special tasks, except for R.O.M. and ambulating.

When I use the letter (F) for frequently I mean it, when I am in Rehab. I only do it when the Care Center wants me to. It is from 1-4 days a wk., mostly 0-2 days a week, now they say it is a law. Why don't they enforce it. Our old people need it bad. Thank You.

Provide more rehab. education to all care givers so it can be integrated with daily care. Rehab. takes the cooperation of all members

Rehab.. does care plans concerning their department. Maybe some of this should be covered.

I think this is a good course for any NA to have. Sometimes it seems as the only time residents get any rehab. is for 15-20 min. a day when in therapy.

Make sure they have hands on experience before sending them out on their own.

Let the Rehab. aides help more with the charting.

I think it would be nice if we could get some additional in-service programs after we have completed the course. I also took activity coordinator so I can work at both.

There is something I would like to say. I worked at a nursing home and they wanted me to take this course. While I worked there I was never assigned any rehab - what I did was on my own. Now I'm working in a hospital in an extended care unit - maybe I'll be able to use my new skills here.

This course needs more hands on training. I personally feel CPR is unnecessary.

Continued In-service classes are needed to keep current.

I do Cog. Funt. with little to no progress. Is there a limit to what should be done. I do more charting than exercise for these people.

I need refresher courses and help with specific problems since I have no one than nurses to oversee me.

Stress body mechanics, transfer belts and getting assistance when needed.

Respondents were asked to list any special equipment they used in performing their activities. Following is a list of equipment and the frequency it was listed.

<u>Equipment</u>	<u>Number of Respondents listing</u>
Parallel Bars.....	12(34%)
Weights/Pulleys.....	11(31%)
Ortho Bicycle Exerciser/Floor Bike.....	6(17%)
Cones.....	5(14%)
Sand Bags.....	4(11%)
Restorators.....	4(11%)
Canes.....	4(11%)
Dexterity Training - Games/Equipment, buttons etc.....	3(9%)
Abductor Splints/Squeeze Balls.....	3(9%)
Theraband.....	3(9%)
Mat Table.....	3(9%)
Hand Rolls.....	3(9%)
Shoulder Wheel.....	3(9%)
Cones.....	2(6%)
Hand and Leg Weights.....	2(6%)
Hand Exerciser	
Isolator	
Orthothron	
Babst Board	
Hoyer Lift	
Dynamotion	
Cart Shower	
Shampoo Board for bed residents	
Theraputty	
Wands	
Walkers all kinds	
Splints	
Special eating utensils	
Pedal Exercises	
Slings	
Exercise Table	
Immobilizer	
Hot Packs	
Dumbbells	

COMPETENCIES TO BE CONSIDERED FOR REHABILITATION AIDE PROGRAM

REHABILITATION CONCEPTS AND PERSONNEL

Describe rehabilitation

Assist the interdisciplinary team in providing and maintaining programs for individuals

Differentiate between "Care Giving" and rehabilitation/restorative care.

Identify the roles of various health care providers related to rehabilitation. Emphasize team approach. (Levels of Care - staffing Patterns will be included)

Describe role of rehabilitation aide, including limits of function, legal responsibilities and duties

Communicate effectively with patients/residents, staff, supervisors; including verbal, nonverbal, written. (Motivation of individual and families was included in discussion)

Effectively document rehabilitation activities of the resident/patient. (This was an area the committee recommend be stressed.)

Utilize motivational techniques and approaches to assist in the rehabilitation process

Identify the components of the residents bill of rights that apply to rehabilitation. (Resident confidentiality is to be stressed).

CONDITIONS REQUIRING REHABILITATION

Identify major body systems, list anatomical structures and functioning and define terms related to rehabilitation -especially those related to movement.

Describe normal aging process of the various body systems, identify how these changes differ from normal aging.

Describe the adverse effects of inactivity.

Utilize safety precautions when providing services.

Provide special rehabilitative care to persons with

- a. Central Nervous System Diseases
- b. Degenerative Diseases
- c. Traumatic Assaults
- d. Medical/surgical conditions
- e. Developmental Disabilities
- f. Terminal Illnesses

REHABILITATIVE TECHNIQUES

Identify and demonstrate all range of motions for each extremity.
(Passive and Active)

Demonstrate correct body mechanics in providing care.

Demonstrate correct methods of transferring - include gait belts,
transfer belts and dependent transfer.

Demonstrate safe use and proper application of splinting, bracing,
orthotics and prostheses.

Demonstrate correct body positioning to assist resident to maintain
correct alignment.

Demonstrate the appropriate use of ambulation equipment - include wheel
chairs, walkers, quad cane and crutches.

Describe the physiological and psychological benefits of increasing
independent care.

Train a resident in basic self care under the direction of an LPT or OTR.

Identify the basic resources for acquiring needed ADL supplies and
equipment.

Use the basic concepts and specific recommendations of the physical
therapist and occupational therapist in providing information and using
the rehabilitation plan of care.

Differentiate the roles of the physical therapist, occupational therapist
and rehabilitation aide in carrying out the plan of care.

Demonstrate exercise techniques.

Demonstrate the ability to monitor cardiopulmonary response to exercise
and activity.

List and describe the various types of equipment required for rehabilita-
tion care.

Recognize the psychological impact of disability or other life changes on
the individual.

Utilize motivational approaches to increase reality awareness and overall functioning of the individual.

Describe reactions to pain and provide for common approaches to managing pain.

Describe general care that can maintain a healthy back.

Identify and provide for assistance during common emergency crises that can occur in the rehabilitation setting

Utilize established principles in providing rehabilitative services to persons who have had a CVA

Determine methods to work effectively with other health care providers in achieving rehabilitation goals.

REHABILITATION AIDE

UNIT CONTENT

LEVELS OF ACHIEVEMENT

Unit I - Rehabilitation Process

Conceptualize rehabilitation of elder.

Concepts in Unit I will be threaded throughout course.

Differentiate between care giving and rehabilitation/restorative care.

Describe the roles of health care team members and how they function in rehabilitation.

Differentiate between health care delivery in various health care settings. Describe how health care members role differ in each setting.

Apply the patient/resident bill of rights to rehabilitation.

List specific requirements.

Describe the role of the rehabilitation aide, the scope and limit of function, including the legal responsibilities.

Know specifically

Accurately and appropriately document patient/resident care.

Demonstrate

Utilize the patient/resident relationships to motivate resident/patients and develop appropriate approaches.

Basic Understanding

Unit II - Body Systems and Dysfunction

Recognize normal basic anatomy and physiology of body systems and the inter-relationship.

Review

Describe the affects of normal aging on the body systems.

Basic Understanding

Describe the affects of disease, disuse, or injury on body systems.

Basic Understanding

Unit II - Body Systems - Cont.

Unit Content

Levels of Achievement

Identify basic precautions that are to be taken when working with elderly.

List accurately.

List causes, symptoms, and rehabilitation treatment approaches for the following common problems experienced by older/chronically ill residents:

Basic Understanding of diseases with specific knowledge about precautions

Central Nervous System Diseases
Degenerative Diseases
Traumatic Assaults
Medical-Surgical Conditions

Unit III - Rehabilitative Techniques - Range of Motion Techniques

Recognize the importance of range of motion for care of elderly or chronically ill.

Basic Knowledge/Understanding

Apply Range of Motion when providing Rehabilitative Care.

Skills Checklist

Unit IV - Rehabilitation Techniques: Mobility Techniques

Demonstrate correct body mechanics.

Skills Checklist

Demonstrate correct transfer methods.

Skills Checklist

Demonstrate correct body positioning to maintain good posture and alignment.

Skills Checklist

Demonstrate correct usage of ambulation equipment.

Skills Checklist

Unit V - Rehabilitative Techniques: Activity of Daily Living

Recognize physiological and psychological benefits of independence in care.

Basic Understanding

Teach a resident/patient basic self care under the direction of a LPI or DTR/C.

Skills Checklist

List resources for procuring ADL supplies and equipment. Utilize ADL supplies and equipment.

Basic Understanding

UNIT CONTENT

LEVELS OF ACHIEVEMENT

Unit VI - Rehabilitative Techniques: Assessment

Describe the assessment process used by
licensed PTA/OTR in developing rehabil-
itation plan.

Understanding of Concepts

Differentiate the roles of the therapist
and rehabilitation aide in carrying
out rehabilitation plan.

Understanding of Concepts

Unit VII - Rehabilitative Techniques: Therapeutic Exercises, Equipment etc.

Demonstrate the use of exercise
protocols

Skills Checklist

List the various types of equipment
and functions available for rehabilitation
care.

General Understanding.